

CAI
HW150
- 2002
W51

Santé
Canada



3 1761 11556706 7

Government
Publication

Cat. H72-22/4-2002E
ISBN 0-662-31100-0

Woman Abuse

Information from

The National Clearinghouse on Family Violence

What is Woman Abuse?

The term *woman abuse* refers to various forms of violence, abuse, mistreatment and neglect that women experience in their intimate, kin or dependent relationships. These include current, dissolving or past relationships with husbands, common-law partners, lovers, dating partners, family members and caregivers.

Many terms have been used to describe the abuse of women within relationships, including *wife abuse*, *wife assault*, *wife battering*, *spouse abuse*, and *partner abuse*. Recently, activists within the shelter movement have begun to use the more inclusive term *woman abuse* or *woman battering*.¹ Some authors use the term *woman abuse* to refer to various forms of violence against women, including wife abuse, premarital woman abuse, rape and sexual assault.² The term *intimate partner violence* has also been

used.³ Some terms do not specify whether the abuser is a man or a woman. In fact, although a woman may be abused by another woman, it is generally accepted by front-line workers that she is most likely to be abused by a man.⁴

Any woman—regardless of her age, race, ethnicity, education, cultural identity, socioeconomic status, occupation, religion, sexual orientation, physical or mental abilities, or personality—may experience abuse. A woman may be at risk of abuse at virtually any point in her life—from childhood to old age. Girl children who are abused or who witness abuse against their mothers may be particularly vulnerable to being abused as they grow into young women. Women who are in their childbearing years may experience abuse that is linked to, and may have consequences for, their reproductive health. As women grow older,

they may continue to be abused, either in their homes or in other residential settings.

Women who are abused may experience more than one type of aggression. Typically, abusive partners attempt to dominate and control by engaging in actions that threaten or harm a woman's physical and emotional well-being, sexuality, social life, parenting ability, financial situation, possessions or spiritual life.⁵ A woman may experience a single episode of abuse, or she may endure a pattern of abuse over many years.

Physical abuse may include assaults involving beating, burning, slapping, choking, kicking, pushing, biting or a weapon. It may also include physical neglect through denial of food or medication, inappropriate personal or medical care, rough handling, or confinement. Physical abuse and neglect can result in serious injuries or death. Assault is against the law in Canada.

Emotional or psychological abuse may include constant yelling, screaming, name calling, insults, threats, humiliation or criticism, excessive jealousy or suspiciousness, threatening or harassing a woman (or her children, family members, friends or pets), isolating a woman from neighbours, friends or family, or depriving a woman of love and affection. For some women, the effects of emotional abuse may be worse than the consequences of physical violence.

Women who are emotionally abused are at high risk for experiencing physical violence.⁶ Stalking or threatening another person (criminal harassment) and willfully destroying or damaging another person's property are against the law in Canada.

Sexual abuse may include rape (sexual assault), unwanted sexual touching, sexual harassment, sexual exploitation, or forcing a woman to participate in any unwanted, unsafe, degrading or offensive sexual activity. Sexual abuse may also include denying or ridiculing a woman's sexuality or controlling her reproductive choices. The practice of Female Genital Mutilation (FGM) of girls has serious consequences for young adult women, especially during the childbearing years.⁷ Sexual assault and sexual exploitation are against the law in Canada.

Economic or financial abuse may include preventing a woman from working, controlling her occupational choices, preventing her from achieving or maintaining financial independence, denying or controlling her access to financial resources, or exploiting her financially. Failing to provide the necessities of life to a spouse or dependent is against the law in Canada.

Spiritual abuse may include preventing a woman from participating in spiritual or religious practices, ridiculing her beliefs,

or using spiritual beliefs to justify controlling her.

How Widespread is Woman Abuse in Canada?

Every year, hundreds of women in Canada are seriously injured or killed as a result of physical violence inflicted on them by their partners. According to police reports for 1999, 523 women suffered major physical injuries or died at the hands of their husbands or common-law partners. This figure is five times higher than the number of men (100) who experienced major physical injuries or death at the hands of their spouse in the same time period.⁸ Yet, research indicates that many cases of abuse are not reported to police.⁹

Victim surveys directly ask people about their experiences of abuse. These surveys provide a fuller—albeit not complete¹⁰—picture of the extent and nature of woman abuse. The 1993 Violence Against Women Survey (VAWS) was the first such survey to provide national information on women's experience of violence in Canada. Since then, the 1999 General Social Survey (GSS) on Victimization asked almost 26,000 women and men in Canada about their experiences of violence at the hands of their current or previous spouses or common-law partners.¹¹ According to the 1999 GSS survey, 8 percent of women

and 7 percent of men experienced some type of violence—ranging from threats to sexual assault—in their intimate relationships during the five years covered by the survey.¹² The survey also found that the violence experienced by women tended to be more severe—and more often repeated—than the violence directed at men.

Compared with men, women were

- six times more likely to report being sexually assaulted;
- five times more likely to report being choked;
- five times more likely to require medical attention as a result of an assault;
- three times more likely to be physically injured by an assault;
- more than twice as likely to report being beaten;
- almost twice as likely to report being threatened with a gun or knife, or having a gun or knife used against them;
- much more likely to fear for their lives, or be afraid for their children as a result of the violence;
- more likely to have sleeping problems, suffer depression or anxiety attacks, or have lowered self-esteem as a result of being abused; and
- more likely to report repeated victimizations.¹³

Also, women experience a greater degree of certain types of emotional abuse.

Compared with men, women

- were four times more likely to report being threatened or harmed, or having someone close to them threatened or harmed;
- were four times more likely to report being denied access to family income;
- were more than twice as likely to report having their property damaged or their possessions destroyed;
- reported a higher incidence of being isolated from family and friends; and
- reported a higher rate of name calling and put downs.¹⁴

Clearly, physical and emotional abuse is a common experience for women in Canada. Given the widespread nature of this problem, woman abuse is not a private concern for individuals and families—it is a serious and urgent societal issue.

What Causes Woman Abuse?

There are many theories—and differences of opinion—about what causes woman abuse, but there is no single, definitive explanation. For many experts, however, the long-standing power imbalance between men and women in society continues to be a central factor. These experts link the mistreatment and abuse of women to the social and economic reality

of women's lives—the web of discriminatory attitudes, values, behaviours, structures and institutions that undermine, isolate and marginalize women.¹⁵

There is growing understanding of how the effects of dislocation,¹⁶ colonization,¹⁷ racism,¹⁸ homophobia,¹⁹ poverty,²⁰ and isolation²¹ further increase women's vulnerability to abuse.

Regardless of the cause, the use of violence is unacceptable in any circumstance. Everyone has a responsibility to end violence and learn how to develop healthy relationships.

Factors that Increase Risk

Any woman, regardless of her life circumstances, may experience abuse. But statistics have identified factors that can increase, either directly or indirectly, a woman's vulnerability to being abused in her relationship. These risk factors are not necessarily *direct causes* of abuse, but they are *associated* with violence, and increase the likelihood of violence.²²

Multiple factors create an even higher risk. Risk factor information highlights how specific circumstances in women's lives can increase their vulnerability to abuse.

Some of the factors that increase a woman's vulnerability to abuse include being young (18-24), elderly (65 or older), disabled or Aboriginal. The risk is also increased when a woman was

victimized in childhood or exposed to violence against her mother. Pregnancy is also a risk factor for being abused.²³

Women younger than 25 years of age are at higher risk than other women of experiencing violence in their relationships.²⁴ These women are also at higher risk than others of being killed by their current or ex-husbands or common-law partners.²⁵

Women with disabilities are estimated to be 1.5 to 10 times more likely to be abused than are non-disabled women, depending on whether or not they live in a community or institutional setting.²⁶ Abuse against women with disabilities includes a wide range of behaviours that women who are not disabled may not experience. For example, women with disabilities often have to rely on others to help them with mobility, toileting, eating, bathing or other daily tasks. This dependence requires quite intimate relationships with a wide range of others, including partners, caregivers, health professionals, transportation providers and other family members. Dependence on a large network of relationships increases the chances that a woman who is disabled will experience abuse.²⁷

Research has shown that First Nations and Inuit women experience very high rates of violence. In one Ontario study, 8 out of 10 Aboriginal women had experienced violence in their relation-

ships. Of these, 87 percent were physically injured, and 57 percent were sexually abused.²⁸ An estimated 75 to 90 percent of women in some northern Aboriginal communities have been physically abused.²⁹

Relationship factors may also increase a woman's vulnerability to abuse. For example, she is more likely to experience abuse if her partner is young (18-24),³⁰ is unemployed (long term),³⁰ has little formal education,³⁰ is a heavy drinker,³¹ or was exposed to violence against his mother.³² Women in common-law relationships are at higher risk of abuse than women who are married.³³ The presence of weapons in the home is associated with lethal violence.³⁴ When a woman either threatens to leave or leaves her partner she faces an increased risk of being further victimized or even killed.³⁵ Her desire to leave the relationship may pose a serious challenge to her partner's desire for control, and the partner may respond by intensifying the violence or murdering her.

What are the Consequences of Woman Abuse?

For Abused Women

Being abused may undermine virtually every aspect of a woman's life—her physical and mental health (see Health Consequences of Woman Abuse, below), her ability to work, her relationships with children, family members and friends, her

self-efficacy and her fundamental sense of self-worth. Sometimes her attempts to cope with abuse, for example, through the use of drugs or alcohol, create additional problems. In some cases, women are eventually killed by their abusive partners.

Health Consequences of Woman Abuse³⁶

Physical health effects include broken bones, bruises, burns, cuts, stabs and firearm wounds, abrasions, bites, lacerations, sprains, concussions, skull fractures, scarring, perforated eardrums, detached retina, injuries to the voice box, chipped or lost teeth, hair loss, chronic gastro-intestinal pain, irritable bowel syndrome, chronic neck, back or other musculoskeletal pain, chronic headache, hypertension, palpitations, hyperventilation, and substance abuse problems. Pregnant women who are abused experience direct and indirect impacts, which can result in serious complications for the mother, fetus and, later, infant.³⁷

Sexual health effects include sexually transmitted diseases, including HIV, chronic pelvic, genital or uterine pain, chronic vaginal or urinary infection, bruising or tearing of the vagina or anus, frequent pregnancy (when unwanted or contraindicated), infertility or early hysterectomy, and sexually addictive behaviour. There are also physical and psychological consequences of the practice of Female Genital Mutilation.³⁸

Psychological effects include low self-esteem, self-degradation, self-abuse, difficulty with relationships, acute anxiety, frequent crying, unusual or pronounced fear responses, uncontrolled or rapid anger responses, chronic stress, phobias, flashbacks, insomnia, sleep disturbances, nightmares, lack of appropriate boundaries, arrested development, passivity, memory loss, loss of concentration and productivity.

Psychiatric effects include depression, suicidal thoughts, dissociation, Post Traumatic Stress Disorder, eating disorders, adjustment disorder with depressed mood, Obsessive Compulsive Disorder.

Although abuse can have devastating effects on women, the impacts are often not seen or identified. Many professionals and service providers who work with women now recognize that they have a responsibility to educate themselves about potential indicators of abuse, and to routinely ask all women about their experiences of abuse.

The impacts of abuse extend well beyond women, to others.

For Children Exposed to Violence

The 1999 General Social Survey found that children heard or witnessed a parent being assaulted in approximately 37 percent (461,000) of spousal violence cases in the five-year period measured by the survey. Children were more likely to be exposed to violence against their

mothers than against their fathers, and were most likely to witness or hear serious assaults on their mothers.³⁹

Children who are exposed to violence against their mothers—even infants and very young children—may be seriously affected. Exposure to violence against their mothers can undermine children's emotional development, and cause serious behaviour problems and difficulties in school.⁴⁰ The emotional and behavioural effects may be similar to those experienced by children who are themselves being physically abused.⁴¹

For Abusers

Professionals note that men who abuse their partners may experience anger, denial, emotional problems, rejection and isolation. Factors such as abuse during childhood, witnessing abuse as children,⁴² the use of drugs or alcohol, involvement in the criminal justice system or other negative experiences, compound the abuse. Abusers are responsible for their behaviour, and for the devastating effects it has on their partners and children.

Abusers are also responsible for the harm they do to themselves. Some abusive partners eventually kill their partners and children and commit suicide.

Costs to Society

Research has shown that, each year, woman abuse costs billions of dollars in

Canada. The first-ever estimate of the costs associated with woman abuse (and some other forms of violence against women) came to at least \$4.2 billion per year in social services, education, criminal justice, labour, employment, health and medical costs.⁴³

Woman abuse—and all forms of gender-based violence—has wide-ranging consequences for women's health and for the health system.⁴⁴ The health-related costs of woman abuse have been estimated at more than \$1.5 billion per year. This includes the costs of immediate medical attention and dental treatment, lost time at work (paid and unpaid), long-term medical treatment, psychiatric hospital stays (all types), use of transition homes and crisis centres, and other prevention and treatment initiatives.⁴⁵

As the study “Selected Estimates of the Costs of Violence Against Women” indicates, these estimates provide important information, but they are only part of the picture.⁴⁶ There are many costs related to woman abuse that have yet to be calculated.

What Barriers do Women Experience—when Disclosing Abuse, Seeking Support and Making Choices?

A woman who is being abused must make many, often very difficult, decisions about how best to protect herself, her children and others who are important in her life.

She must determine when and where it is safe to tell someone she is being abused. She must decide when and where to seek support, and how best to use whatever services and supports are available to her to increase her safety and improve her situation.

Meanwhile, her options for obtaining support and ending the abuse are frequently limited by her personal and social circumstances. For some groups of women in Canada—including First Nations and Inuit women, immigrant and refugee women, women with disabilities, women in rural and remote communities, lesbian women and others—experiences of discrimination, racism, poverty, and social and geographic isolation create additional barriers. These women often must deal not only with the consequences of being abused but also with the effects of their marginalized position in society, and the reality of limited services.

Some of the barriers that a woman may encounter include the following:⁴⁷

- **Emotional attachment to the abuser.** The woman may love the abuser and hope that the relationship will improve. She may minimize or deny that the abuse is happening. She may believe she is at fault and is the one who should change. She may believe abuse is normal because she grew up watching her mother being abused or

was abused herself. She may have strong beliefs about the importance of keeping her relationship and family together, which may prevent her from leaving. She may not want to take her children away from their other parent or their home. She may be pressured by family, friends or others in the community to stay with the abuser. She may feel ashamed of her abuser and of herself.

- **Fear.** The abuser may have threatened to kill the woman, her children or members of her family, or to commit suicide if she tells anyone about the abuse or tries to leave. The abuser may have threatened to take away her children, or harm her in other ways. She may fear that she will not be understood, believed or respected by people in authority. When she is an immigrant or refugee, she may fear that she will be deported. When she is a lesbian, she may fear being “outed” to her family and co-workers. She may fear that her family members, friends and community will blame her, judge her or cast her out. She may fear that no one else will want her. When she is dependent on her abuser for care, she may fear that she will be denied access to food, water, medication, medical treatment, health care, clothing or visitors. She may be afraid of being mishandled or restrained. She may fear

that her belongings or property will be misused or taken from her.

- **Feelings of powerlessness.** The woman may feel powerless and lacking in control over her life as a result of the abuse. Her self-esteem may be damaged. She may experience fatigue or depression from the stress of being abused. She may feel unable to escape her abuser's control. She may not know that she has rights.
- **Economic dependence.** Economic dependence or poverty—or fear of poverty—can keep a woman trapped in a violent relationship.⁴⁸ She may not have any financial resources, educational qualifications, or employment skills or experience. When she has worked on the family farm, she and her children may lose this asset when she leaves. She may have been forced, tricked or manipulated into giving her abuser control over her finances and property.
- **Isolation and lack of social support.** The woman may be isolated from family and friends by her abuser. She may live in a remote setting, far from any neighbours. She may be surrounded by people who deny that the abuse is happening or minimize it.
- **Lack of access to adequate or affordable shelter and housing.** A woman may not have anywhere to go

with her children. There may not be a shelter in her community, or the shelter may not have adequate space. She may not be able to find alternative accommodation that is safe. When she lives in an Inuit community, for example, the lack of housing in her community may force her to remain in a dangerous or life-threatening situation.⁴⁹

- **Language or other communication barriers.** Women who do not speak either English or French may lack information about services and supports available in their community. Existing services may not provide linguistic or cultural interpreters or advocates. Where interpreters are available, they may be community members whom the woman knows, and this may threaten her sense of comfort, confidentiality or safety. Older women who suffer from conditions such as Alzheimer's may not be able to tell anyone that they have been abused.
- **Lack of accessible, appropriate services and supports.** A woman living in a rural or remote community may live at a great distance from the nearest services and supports. She may not have access to a telephone—or may not be able to use a telephone—to call for help. Her abuser may notice long-distance calls on the telephone

bill. Her access to teletype or other devices may be restricted.

It may take police or emergency personnel a long time to respond in a rural or remote setting. When the woman decides to leave, she may not have any transportation, or any money to pay for transportation. In small communities, when services are available locally, they may be delivered by people she knows, and it may be difficult to ensure confidentiality.

A woman with a disability may not have access to transportation to leave an abusive situation or get to a shelter. Shelters and other services in her community may not be accessible. For example, there may not be anyone who understands sign language.

A First Nations or Inuit woman, or a woman who is an immigrant or refugee, may not have access to services and supports that are familiar with or appropriately sensitive to her culture. She may suspect racist or discriminatory attitudes on the part of service providers.

A lesbian woman may find that support services are designed for heterosexual women only. Service providers may not recognize that abuse occurs in lesbian relationships.

What Can You Do to Prevent and Respond to Abuse?

The best way to prevent and respond to abuse is by **collaborating with other people in your community**. Hundreds of community, volunteer and professional organizations—in communities all across Canada—are working together to prevent and respond to woman abuse. Find out who is involved in addressing woman abuse in your community, and learn about what is being done in your community and elsewhere. Become a volunteer, or make a contribution to support these efforts.

As primary caregivers, health care providers are well positioned to prevent and respond to woman abuse. They play a critical role in an integrated, multidisciplinary and intersectoral response to this issue. There is growing recognition of the health consequences of woman abuse, and, as a result, many initiatives are under way to inform health care providers about how to identify, screen, assess and support women who have been abused. Some examples of these initiatives include the development of protocols, guidelines, screening tools, risk assessment tools, education and training resources, and coordination mechanisms, among others. As efforts to strengthen the health care system result in new models of care, it is important that health care providers continue to be supported in

their efforts to prevent and respond to woman abuse.

How Can You Support a Woman Who Has Been Abused?

Given the extent of woman abuse in Canada, there is a good chance that someone you know—either personally or professionally—is experiencing abuse, even if you don't suspect it. You should be prepared to deal with this issue and offer support in ways that will not further endanger a woman or her children.

A woman who is being abused may not feel safe telling anyone about what is happening to her. When you **learn to recognize the signs of abuse**, you can let her know that she is not alone, and that you are willing to listen to her and believe her. Although there is no single definitive indicator that a woman is being abused, you can learn about the physical, emotional or behavioural indicators. For example, she may have unexplained injuries or chronic health problems. She may show signs of fear, anxiety or depression. She may use substances to cope. Her partner's behaviour can also be a sign: her partner may prevent or limit her contact with others, or try to control her in other ways.

If you decide to raise the issue, make sure you **ask her about abuse in private**. Never ask her in front of anyone else,

including her partner or children. All efforts must attempt to ensure her safety.

Keep in mind that your ability to provide support will depend on your own experiences, values and attitudes. **If you don't feel comfortable dealing with the issue of abuse, try to understand why.** You may need more knowledge about the issue and the services and supports available in your community, or you may need support for your own experiences of abuse. If you need more information about abuse, contact the National Clearinghouse on Family Violence or consult the recommended resources (identified on the following pages). You can find out about the services and supports that are available in your community by looking in the front section of your local telephone directory, or by contacting the nearest women's shelter.

If you do not feel in a position to provide support, you should **be ready to refer a woman to someone else who can help her.**

If you are a service provider working in the community, health, social service, education or justice sphere, you should **familiarize yourself with the many tools that are available to you.** There are growing numbers of professional training programs, protocols and other resources that address screening, risk assessment, documentation, referrals, follow-up

support, and other areas of professional responsibility.

When a woman tells you she is being abused, you should let her know that you believe her, and make it clear that no one deserves to be abused.

Her immediate safety is the most important concern. **Ask her what she needs to be safe. If she feels she is in immediate danger, offer to call the police or the nearest women's shelter.** If she prefers, give her the shelter's telephone number so she can call (anonymously if she wishes to) for support.

A woman who is being abused has to make many, often extremely difficult, decisions. You can **help her explore her options** by providing information about services and supports,⁵⁰ and helping her develop a safety plan for herself and her children.⁵¹

As a professional, you should be prepared to **document the abuse or your concerns thoroughly.**

No matter what the woman decides to do—or not do—about the abuse, it is important to **continue to be supportive.** It is essential to recognize and respect the complexity of her situation. For most people, the process of change involves many stages, and may be difficult and lengthy. Knowing that someone believes in her strengths and is willing to help her

can make an important difference in the long term.

Where to Get Support if You Have Been Abused

If you are being abused or were abused in the past you are not alone. You can call and ask for support from the following places in your community (the telephone numbers should be listed in the front of your local telephone book):

- Shelter or transition home;
- Police department;
- Police or court victim services;
- Crisis centre or crisis line;
- Women's centre;
- Sexual assault centre;
- Social service agency;
- Health care centre, clinic or hospital;
- Counsellor or psychologist; and
- Community centre or family centre.

Where to Get Help if You are Abusing Your Partner

If you are abusing your partner, you need to take responsibility for your behaviour and ask for help to make changes. Contact one of the organizations listed in the section above and ask for assistance.

Where to Get More Information About Woman Abuse

To obtain information and resource materials on woman abuse, contact:

The National Clearinghouse on Family Violence

Family Violence Prevention Unit

Healthy Communities Division

Population and Public Health Branch

Health Canada

Address Locator: 1907D

7th Floor, Jeanne Mance Building

Tunney's Pasture

Ottawa, Ontario K1A 1B4

CANADA

Telephone 1-800-267-1291 or

(613) 957-2938

Fax: (613) 941-8930

FaxLink: 1-888-267-1233 or

(613) 941-7285

TTY: 1-800-561-5643

or (613) 952-6396

Web site: <http://www.hc-sc.gc.ca/nc-cn>

E-mail: ncfv-cnivf@hc-sc.gc.ca

Key Web Sites

There are many web sites that deal with woman abuse and related topics. The National Clearinghouse on Family Violence web site contains more information and has numerous links to other relevant sites.

Suggested Further Reading

Alliance of Five Research Centres on Violence. *Violence Prevention and The Girl Child: Final Report*. Research funded by Status of Women Canada. 1999.

Biesenthal, Lorri, Lynne Dee Sproule, Mary Nelder, Susan Golton, Donna Mann, Denise Podovinnikoff, Inge Roosendaal, Shellie Warman and Donna Lunn, in cooperation with Community Abuse Programs of Rural Ontario.

Research Report: the Ontario Rural Woman Abuse Study (ORWAS). Ottawa: Department of Justice Canada, 2000.

Canadian Centre for Justice Statistics.

Family Violence in Canada, A Statistical Profile, 2000. Ottawa: Statistics Canada; Cat. No. 85-224-XPE, 2000.

Chesley, Laurie, Donna MacAulay, and Janice Ristock. *Abuse in Lesbian Relationships: Information and Resources*. Ottawa: Minister of Public Works and Government Services Canada, 1998.

Duffy, Ann and Julianne Momirov.

Family Violence: A Canadian Introduction. Toronto: James Lorimer & Company Ltd., 1997.

Family Violence Prevention Unit.

A Handbook Dealing with Woman Abuse and the Canadian Criminal Justice System: Guidelines for Physicians.

Ottawa: Health Canada; Cat. No. H72-21/164-1998E (1999).

Gurr, Jane, Louise Mailloux, Dianne Kinnon and Suzanne Doerge. *Breaking the Links Between Poverty and Violence Against Women*. Ottawa: Ministry of Supply and Services Canada, 1996.

Hotch, D. et al. *Domestic Violence Intervention by Emergency Department Staff*. Vancouver: Domestic Violence Program, Department of Emergency Medicine, Vancouver Hospital and Health Sciences Centre and the Canadian Association of Emergency Physicians, 1995.

Jamieson, Beals, Lalonde & Associates, Inc. *A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy*. Ottawa: Minister of Public Works and Government Services Canada, 1999.

Johnson, Holly. *Dangerous Domains: Violence Against Women in Canada*. Toronto: Nelson, 1996.

Johnson, Sara L. and Brian A. Grant. *Review of Issues Associated with Serious Spouse Abuse Among Federally Sentenced Male Offenders* (Ottawa: Correctional Service of Canada, 1999) [Online] Available on Internet: <<http://www.csc-scc.gc.ca/text/rsrch/reports/r84/er84.pdf>>.

Leventhal, Beth and Sandra E. Lundy, eds. *Same-Sex Domestic Violence: Strategies for Change*. Thousand Oaks, CA: Sage Publications, 1999.

National Crime Prevention Centre. *Personal Security Issues Concerning Women and Girls*. Ottawa: National Crime Prevention Centre, n.d. [Online]. Available on Internet: <http://www.crime-prevention.org/english/publications/fact_sheet/personE.pdf>

Sudermann, Marlies and Peter Jaffe. *A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence*. Ottawa: Minister of Public Works and Government Services Canada, 1999.

The Task Force on the Health Effects of Woman Abuse. *Task Force on the Health Effects of Woman Abuse: Final Report*. London: Middlesex-London Health Unit, 2000.

Warshaw, Carole and Anne Ganley. *Improving the Health Care Response to Domestic Violence: A Resource Manual for Health Care Providers*. San Francisco: Family Violence Prevention Fund, 1995.

Endnotes

1. Ann Duffy and Julianne Momirov, *Family Violence: A Canadian Introduction* (Toronto: James Lorimer & Company, 1997): 26-27.
2. Walter DeKeseredy and Ronald Hinch, *Woman Abuse: Sociological Perspectives* (Toronto: Thompson Educational Publishing Inc., 1991). For a discussion of the changing terminology in this area, please see also Donna Denham and Joan Gillespie, *Two Steps Forward... One Step Back: An Overview of Canadian Initiatives and Resources to End Woman Abuse, 1989-1997* (Ottawa: Minister of Public Works and Government Services Canada, 1999): 5-6.
3. Sharon M. Valente, "Evaluating and Managing Intimate Partner Violence," *The Nurse Practitioner*, 25, 5 (May 2000) 1.
4. For further information, consult Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 1998, 1999, 2000); Canada. Statistics Canada, *Women in Canada 2000: A Gender-based Statistical Report* (Ottawa: Statistics Canada, Cat. No. 89-503-XPE, 2000); Holly Johnson and Vincent F. Sacco (Editors) "Focus on the Violence Against Women Survey," *Canadian Journal of Criminology*, 37: 3 (July 1995); Canada. Health Canada; Laura Chesley et al., *Abuse in Lesbian Relationships: Information and Resources* (Ottawa: Minister of Public Works and Government Services; Health Canada, Cat. No. H72-21/153-1998, 1998); and Beth Leventhal and Sandra E. Lundy (Editors) *Same-Sex Domestic Violence: Strategies for Change* (Thousand Oaks, CA: Sage Publications Inc., 1999).
5. Fern Martin and Catherine Younger-Lewis, "More Than Meets the Eye: Recognizing and Responding to Spousal Abuse," *Canadian Medical Association Journal*, 157:11 (1997): 1557-1558. This article provides detailed descriptions of eight categories of abuse.
6. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 18. According to this report, "...emotional abuse is an important predictor of physical violence in intimate relationships."
7. National Organization of Immigrant and Visible Minority Women of Canada, *Female Genital Mutilation: Workshop Manual* (Ottawa: National Organization of Immigrant and

- Visible Minority Women of Canada, 1998).
8. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 23.
9. Statistics Canada, *Women in Canada, 2000* (Ottawa: Statistics Canada, Cat. No. 89-503-XPE, 2000).
- Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000).
10. Yasmin Jiwani, “The 1999 General Social Survey on Spousal Violence: An Analysis,” *Canadian Woman Studies*, 20: 3 (2000): 36. Jiwani notes that the survey did not capture the full scope of woman abuse, primarily because some groups of women cannot easily participate in survey interviews conducted by telephone, including, among others, women who do not speak English or French, women with speech or hearing disabilities, women in transition, women who are escaping abuse, women who are homeless, Aboriginal women living on reserves and women living in homes without telephones.
11. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 18). According to this report *spousal violence* is defined in the 1999 GSS as “experiences of physical or sexual assault that are consistent with *Criminal Code* definitions of these offences and could be acted on by a police officer.” The survey also measured rates of emotional and financial abuse, but these rates were not included in the overall rates of spousal violence. The survey found that emotional abuse in an intimate relationship is strongly associated with the presence of physical violence.
12. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 5.
13. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 12, 14, 18.
14. Yasmin Jiwani, “The 1999 General Social Survey on Spousal Violence: An Analysis,” *Canadian Woman Studies*, 20: 3 (2000): 38; Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 17.

15. W. DeKeseredy and L. MacLeod, *Woman Abuse: A Sociological Story* (Toronto: Harcourt Brace Canada, 1997): 5, as cited in Donna Denham and Joan Gillespie, *Two Steps Forward... One Step Back* (Ottawa: Minister of Public Works and Government Services, 1999): 4. For a discussion of various theories, including feminist theories, see also Holly Johnson, *Dangerous Domains: Violence Against Women in Canada* (Toronto: Nelson Canada, 1996): 21-25.
16. For detailed information about the experiences of immigrant and refugee women who are abused, see Linda MacLeod and Maria Shin, *Like a Wingless Bird: A Tribute to the Survival and Courage of Women Who Are Abused and Who Speak Neither English Nor French* (Ottawa: Minister of Supply and Services Canada, 1994), and Linda MacLeod and Maria Shin, *Isolated, Afraid and Forgotten: The Service Delivery Needs and Realities of Immigrant and Refugee Women Who Are Battered* (Ottawa: Health and Welfare Canada, 1990).
17. For a discussion of links between colonization and racism and violence in Aboriginal communities, see Emma D. LaRocque, *Violence in Aboriginal Communities* (Ottawa: Health Canada, 1994): 73-76. This publication is reprinted with permission from the book *The Path to Healing* which was published by the Royal Commission on Aboriginal Peoples.
18. Rosalind Savary, "When Racism Meets Sexism: Violence Against Immigrant and Visible Minority Women," *Vis-à-Vis*, 12:1 (1994): 1. *Vis-à-Vis* was a national newsletter on family violence published by the Canadian Council on Social Development.
19. For a discussion of the links between homophobia and other forms of domination and violence in society, see Laura Chesley, Donna MacAulay, Janice Ristock and Cynthia Stewart, *Abuse in Lesbian Relationships: Information and Resources* (Ottawa: Minister of Public Works and Government Services, 1998): 7-8.
20. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 16. According to this report, women with low incomes (i.e. household incomes of less than \$30,000 per year) experience higher rates of violence in their relationships than do women with incomes of \$60,000 per year or more.
21. Lorri Biesenthal, Lynne Dee Sproule, Mary Nelder, Susan Golton, Donna Mann, Denise Podovinnikoff, Inge Roosendaal, Shellie Warman, Donna

- Lunn, *Research Report - The Ontario Rural Woman Abuse Study (ORWAS): Final Report* (Ottawa: Department of Justice, 2000): 13.
22. National Crime Prevention Centre. *Policy Framework for Addressing Personal Security Issues Concerning Women and Girls*. [Online] National Crime Prevention Centre. [accessed March 12, 2001] Available on Internet: <<http://www.crime-prevention.org/english/publications/women/index.html>>: 10, 12. Accessed March 12, 2001; Holly Johnson, *Dangerous Domains: Violence Against Women in Canada* (Toronto: Nelson Canada, 1996): 177.
23. Canada. Statistics Canada, *The Daily*, (Ottawa: Statistics Canada, Cat. No. 11-001E, November 18, 1993): 4. According to this report, 21 percent of women abused by a current or former partner were assaulted during pregnancy.
24. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 15.
25. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 40.
26. Dick Sobsey, "Sexual Offenses and Disabled Victims: Research and Practical Implications," *Vis-à-Vis*, 1988, as cited in Bridget Rivers-Moore, *Family Violence Against Women with Disabilities: Information from the National Clearinghouse on Family Violence* (Ottawa: Health Canada, 1993): 2.
27. L'Institut Roeher Institute, *Harm's Way: The Many Faces of Violence and Abuse Against Persons with Disabilities* (Toronto: L'Institut Roeher Institute, 1995): 28. This publication provides a comprehensive discussion of abuse against people with disabilities.
28. Ontario Native Women's Association, *Breaking Free: A Proposal for Change to Aboriginal Family Violence* (Thunder Bay: Ontario Native Women's Association, 1989): 18-19, as cited in Karen Green. *Family Violence in Aboriginal Communities: An Aboriginal Perspective -- Information from the National Clearinghouse on Family Violence* (Ottawa: Health Canada, 1996): 3.
29. Claudette Dumont-Smith and Pauline Sioui-Labelle, *National Family Violence Survey: Phase I* (Ottawa: Indian and Inuit Nurses of Canada, 1991): 18. Quoted in *Dragging Wife Abuse Out of the Closet* (Wetaway

- News, Nov. 1989), as cited in Karen Green. *Family Violence in Aboriginal Communities: An Aboriginal Perspective -- Information from the National Clearinghouse on Family Violence* (Ottawa: Health Canada, 1996): 3.
30. Canada. Canadian Centre for Justice Statistics. *Wife Assault: The findings of a National Survey*, 14: 9 (Ottawa: Statistics Canada, 1993): 6.
31. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 41. Women whose partners are heavy drinkers are more likely to be assaulted than those whose partners are not heavy drinkers. Both the 1999 GSS and the 1993 Violence Against Women Survey (VAWS) found alcohol to be a risk factor for spousal violence.
32. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 16. This report notes that the VAWS found that women whose partners were exposed in childhood to violence against their mothers are three times more likely to be violent toward their wives than are men who did not have this experience.
33. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 15.
34. Holly Johnson, *Dangerous Domains: Violence Against Women in Canada* (Toronto: Nelson, 1996): 184. The author lists a number of other factors that have been cited in the literature as precursors to lethal violence, including "...the use of weapons in prior incidents, sexual abuse in the battering relationship, violence committed during pregnancy, violence against the children, threats or fantasies of homicide or suicide, isolation of both the abuser and the battered woman from support systems, rage, depression, and the woman's attempt to leave an abusive relationship (Sonkin, Martin and Walker, 1985; Hart, 1988; Campbell, 1992a; 1992b; Kellerman and Mercy, 1992; Kellerman et al., 1993)."
35. Holly Johnson, *Dangerous Domains: Violence Against Women in Canada* (Toronto: Nelson Canada, 1996): 169. Research by Wilson and Daly (1994) indicates that, between 1974 and 1992, the rate of wives killed by husbands was six times higher for those women who had separated from their spouses than those who had not.

36. The Task Force on the Health Effects of Woman Abuse, *The Health Effects of Woman Abuse: The Routine Universal Comprehensive Screening (RUCS) Protocol* (London, Ontario: Middlesex-London Health Unit, 2000). See also *The Final Report of the Task Force on Health Effects of Woman Abuse*, available at <http://www.healthunit.com> under Reports and Research: 15.
37. Liz Hart and Wanda Jamieson, *Abuse During Pregnancy: Information from the National Clearinghouse on Family Violence* (Ottawa: 2001). This fact sheet provides more information on the specific health consequences of abuse during pregnancy. Please see also Liz Hart and Wanda Jamieson, *A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy* (Ottawa: Minister of Public Works and Government Services Canada, 1999): 9.
38. Canada. Department of Justice. *Female Genital Mutilation: A Review of the Current Literature*. [Online]. Department of Justice. [accessed March 12, 2001]. Available on Internet: <http://canada.justice.gc.ca/en/ps/rs/rep/Wd95_15e.pdf>. Accessed March 12, 2001. Report prepared by Ian Ferguson and Pamela Ellis.
39. Canada. Canadian Centre for Justice Statistics, *Family Violence in Canada: A Statistical Profile* (Ottawa: Statistics Canada, Cat. No. 85-224-XPE, 2000): 5, 16-17.
40. Marlies Suderman and Peter Jaffe, *A Handbook for Health and Social Service Providers and Educators on Children Exposed to Woman Abuse/Family Violence* (Ottawa: Minister of Public Works and Government Services Canada, 1999): 9. This handbook provides extensive information about the effects of exposure to woman abuse on children. Emotional effects include Post Traumatic Stress Disorder, fear, depression, withdrawal, low self-esteem, ambivalent feelings towards father and mother, and other effects. Behavioural effects include aggression with peers, non-compliance with adults, destructive behaviour and conflict with the law. Educational effects include lower school achievement, absences from school, being preoccupied and anxious in school, truancy, and withdrawn or aggressive behaviour in school. Social effects include: lower levels of social skills, social isolation, and keeping the abuse secret from others because of threats from the abuser. Even very young children (infants and preschoolers) can be affected by violence. School-aged children (ages 6-10) may

experience problems at school and with their peers. Teenagers may get involved in violent dating relationships, be truant or deny that they witnessed the abuse. Girls are more likely than boys to be withdrawn or depressed, while boys are more likely to act aggressively. Both girls and boys, however, can show these effects. Girls are more likely to accept violence in their dating or marital relationships. Older boys who identify with abusive fathers may become aggressive towards women. Boys are also more likely to be violent in their dating and marital relationships. All children who are exposed to violence against their mothers may learn that violence is an effective way to gain power and control over others, are more likely to accept or excuse violent behaviour, and are more likely to act aggressively to peers or adults.

41. P.G. Jaffe, D.A. Wolfe, S.K. Wilson and M. Sluscarzck, "Similarities in Behaviour and Social Maladjustment Among Child Victims and Witnesses to Family Violence," *American Journal of Orthopsychiatry*, 56 (1985): 142-146, as cited in Marlies Sudermann, Peter Jaffe and Lynn Watson, *Wife Abuse -- The Impact on Children: Information from the National Clearinghouse on Family Violence* (Ottawa: Health Canada, 1996): 3.

42. Michael Paymer, *Violent No More: Helping Men End Domestic Abuse* (Alameda CA: Hunter House Inc., 2000): 1-2.
43. Lorraine Greaves and Olena Hankivsky, *Selected Estimates of the Costs of Violence Against Women* (London, Ontario: Centre for Research on Violence Against Women and Children, 1995): 2
44. Health Canada, *Health Canada's Women's Health Strategy* (Ottawa: Minister of Public Works and Government Services, 1999): 12.
45. Tanis Day, *The Health-Related Costs of Violence Against Women in Canada: The Tip of the Iceberg* (London, Ontario: Centre for Research on Violence Against Women and Children, 1995): 29-34. The report notes that there were many costs that could not be included in this estimate, such as those for hospital admissions and physicians' services.
46. Lorraine Greaves and Olena Hankivsky, *Selected Estimates of the Costs of Violence Against Women* (London, Ontario: Centre for Research on Violence Against Women and Children, 1995).
47. Information on barriers was drawn from the following publications:
Irene Ens, *Abuse of Older Adults in Institutions: Information from the*

National Clearinghouse on Family Violence (Ottawa: Health Canada, 2000).

Laura Chesley, Donna MacAulay, Janice Ristock and Cynthia Stewart, *Abuse in Lesbian Relationships: Information and Resources* (Ottawa: Minister of Public Works and Government Services, 1998).

Beth Leventhal and Sandra E. Lundy (Editors) *Same-Sex Domestic Violence: Strategies for Change* (Thousand Oaks, CA: Sage Publications Inc., 1999). Barbara Anello, *Report Re: Inter-Sectoral Workshop on Violence Against Women with Disabilities and Deaf Women and Access to the Justice System*, November 27, 1998, North Bay, Ontario. Report prepared for the DAWN Ontario Board. [Online]. [Accessed November 2000]. Available on Internet: <<http://www.dawn.thot.net/workshop.html>>. Jamieson, Beals, Lalonde & Associates, Inc., *A Handbook for Health and Social Service Professionals Responding to Abuse During Pregnancy* (Ottawa: Health Canada, 1999). Lorri Biesenthal, Lynne Dee Sproule, Mary Nelder, Susan Golton, Donna Mann, Denise Podovinnikoff, Inge Roosendaal, Shellie Warman and Donna Lunn, *Research Report: the Ontario Rural Woman Abuse Study*

(ORWAS) (Ottawa: Department of Justice, 2000). Alliance of Five Research Centres on Violence, *Violence Prevention and the Girl Child: Final Report*. Research funded by Status of Women Canada, 1999.

48. Jane Gurr, Louise Mailloux, Dianne Kinnon and Suzanne Doerge, *Breaking the Links Between Poverty and Violence Against Women* (Ottawa: Ministry of Supply and Services Canada, 1996): 1.
49. Pauktuutit Inuit Women's Association, *Inuit Women: The Housing Crisis and Violence* (Ottawa: Inuit Women's Association of Canada, 1994): 1.
50. This includes providing her with the names, addresses and telephone numbers for transition houses or shelters, support groups for battered women, financial aid, victims' services and legal aid, multicultural and First Nations services, counselling services and crisis lines.
51. D. Hotch, A. Grunfeld, K. Mackay and L. Cowan, *Domestic Violence Intervention by Emergency Department Staff*, Vancouver: Domestic Violence Program, Department of Emergency Medicine, Vancouver Hospital and Health Sciences Centre and the Canadian Association of Emergency Physicians (1995). According to this manual,

safety planning means discussing how to call (or have someone else call) 911, how the woman can try to protect herself in an attack, where she can stay if she decides to leave at any time of the day or night, and what items she will need to take with her. If she decides to pack a “safety bag” and hide it in a secure place, it should include clothing for herself and her children, cash, cheques and, debit and credit cards, keys for the house and car, medications, important telephone numbers, and copies of critical documents, such as passports, visas, birth certificates, legal papers, marriage and driver’s licences, vehicle ownership, bank books and insurance papers. If she is pregnant, her safety bag should include clothes for the newborn, a birthing kit and any other items needed for the hospital stay.

This document was prepared by **Liz Hart** and **Wanda Jamieson** of Jamieson, Beals, Lalonde & Associates, Inc. The contributions of the following individuals are gratefully acknowledged: Katalin Kennedy, Lynn Austin and Gaby Vieira, Health Canada, and Marianne Fizet, Kimmon Crosier and Sonja Harrington, Jamieson, Beals, Lalonde & Associates, Inc.

For more information:

National Clearinghouse on Family Violence

Family Violence Prevention Unit
Healthy Communities Division
Population and Public Health Branch
Centre for Healthy Human Development
Health Canada

Address Locator: 1907D
7th Floor, Jeanne Mance Bldg.,
Tunney's Pasture
Ottawa, Ontario K1A 1B4, Canada
**Telephone: 1-800-267-1291 or
(613) 957-2938**
Fax: (613) 941-8930
Faxlink: 1-888-267-1233 or
(613) 941-7285
TTY: 1-800-561-5643 or (613) 952-6396
Web site: <http://www.hc-sc.gc.ca/nc-cn>
E-mail: ncfv-cnivf@hc-sc.gc.ca

This publication can be made available in alternative formats upon request.

Ce feuillet de renseignements est également disponible en français sous le titre *La violence faite aux femmes*.

March 1995 (*Wife Abuse*)

October 2001 (revised)

The opinions expressed in this fact sheet are those of the authors and do not necessarily reflect the views of Health Canada.

Our mission is to help the people of Canada maintain and improve their health.

Health Canada

Contents may not be reproduced for commercial purposes, but any other reproduction, with acknowledgements, is encouraged.

© Her Majesty the Queen in Right of Canada,
represented by the Minister of Public Works
and Government Services Canada, 2002.